BOAT QUOTE SHEET

Agent:_____
CSR_____DateReceived:_____DateCompleted:_____

_____ Rollover _____ Yellow Pages

_____ Flyer _____ Referral, who Phone # (H)_____
(W)_____
_____ Newspaper _____ Other (cell)_____
(Fax)_____

Name: _____Zip: _____

Address: _____City: _____St:____County: _____

Current Company/premium: _____Renewal Date:_____

Continuous Coverage for past 12 months? _____

Drivers Date of Birth SS # DL# Activity

1. _____

2. _____

Boat Year/Make Model HP Max Speed Value $$ VIN #

Motor Year/Make Model In Board or Out Board Value $$ Serial #

Trailer Year/Make Model Length Value $$ VIN #

BI/PD Medical Comp/Coll UM/UIM Special Equipment

Years of Boating Experience _____ What State generally used in? _____

Where is Boat Stored? _____ Inland Water OR Great Lakes _____

Where is boat stored? In Season_____Out of Season_____

Revised 5/05